STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17591

1. DECEASED-NAME (Type or print) First: RETA Middle: MAY Last: BRADLEY

2a. DATE OF DEATH Month: JULY Day: 28 Year: 1973

2b. HOUR: 9:15 P.M.

3. SEX: F

4. RACE: W

5. DATE OF BIRTH: FEB. 23, 1902

6. AGE (In years last birthday): 71 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS.: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): MD.

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: CAROLINE Md.

10. CITY OR TOWN OF DEATH: FEDERALSBURG

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RT 2, BOX 278

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSE WIFE

12b. KIND OF BUSINESS OR INDUSTRY: —

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: RT 2, BOX 278

13b. COUNTY: CAROLINE

13c. CITY OR TOWN: FEDERALSBURG

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: RT 2 - BOX 278

14. FATHER'S NAME First: JAMES Middle: LEWIS Last: CUMMINGS

15. MOTHER'S MAIDEN NAME First: MARY Middle: FRANCES Last: WHAYLAND

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

(If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 220-01-2477

17. INFORMANT Address: L. C. BRADLEY - RT 2 - BOX 278

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Cardiac Dilatation (cardioMegaly) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1yr

DUE TO, OR AS A CONSEQUENCE OF (b): Chronic Cardiac D compensation — 6mos

DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic Cardio Vascular Disaase — yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Diabetes Mellitus Mild Controlled

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) UNDERLYING [ ]

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 7/24, 19 73, to 7/28/73, 19___, that (I) (we) last saw the deceased alive on 7/24/73, 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Harold B. Plummer

DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 7/31/73

22d. PHYSICIAN'S NAME (Type): Harold B. Plummer M.D.

22e. ADDRESS: P.O. Box #158 Preston Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JULY 31/73

23c. NAME OF CEMETERY OR CREMATORY: HILL CREST CEM

23d. LOCATION (City or Town) (County) (State): FEDERALSBURG, MD

24. FUNERAL DIRECTOR: FRAMPTON FUNERAL HOME - BOX 43

ADDRESS: FEDERALSBURG

25a. REC'D BY REGISTRAR DATE: AUG 6 1973

25b. REGISTRAR'S SIGNATURE: Sidney [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH - 163 7225M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17592

1. DECEASED-NAME (Type or print) First: MABEL Middle: Last: COLLINS
2a. DATE OF DEATH: Month JULY Day 8 Year 1973
2b. HOUR: 4:30 PM
3. SEX: F
4. RACE: W
5. DATE OF BIRTH: APRIL 8, 1921
6. AGE (In years last birthday): 52 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): PRESTON MD,
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: CAROLINE Md.
10. CITY OR TOWN OF DEATH: PRESTON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): NEWTON RD
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): OWN HOME
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD
13b. COUNTY: CAROLINE
13c. CITY OR TOWN: PRESTON
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: NEWTON RD.
14. FATHER'S NAME First Middle Lost
15. MOTHER'S MAIDEN NAME First Middle Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myasthenia Gravis
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 7330
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 35 yrs.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, natify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 3 May 19 72, to ____, 19____, that (I) (we) last saw the deceased alive on 3 May 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: H. R. Trapnell
DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 7/9/73
22d. PHYSICIAN'S NAME (Type): H. R. Trapnell, M.D.
22e. ADDRESS: Federalsburg, Maryland 21632

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JULY 10/73
23c. NAME OF CEMETERY OR CREMATORY: JR. ORDER CEM
23d. LOCATION (City or Town) (County) (State): PRESTON, CAROLINE MD.
24. FUNERAL DIRECTOR: FRAMPTON FUNERAL HOME
ADDRESS: FEDERALSBURG BX 43,
25a. REC'D BY REGISTRAR DATE: JUL 17 1973
25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72 25M
(VR A15 (4))

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17593

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First / Middle / Last: Gary William Goldsborough						2a. DATE KNOWN OF DEATH ESTIMATED: 7/20/73		2b. HOUR: 12 NOON
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 1-12-66	6. AGE (In years last birthday): 7 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 7/20 Day 73 Year 19		2d. HOUR: 2PM
7a. BIRTHPLACE (State or foreign country): Del.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Caroline Md.					
10. CITY OR TOWN OF DEATH: Marydel	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): None	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Schoolboy	12b. KIND OF BUSINESS OR INDUSTRY: None					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Caroline	13c. CITY OR TOWN: Marydel	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: None				
14. FATHER'S NAME First / Middle / Last: William Goldsborough, Jr.		15. MOTHER'S MAIDEN NAME First / Middle / Last: Rae Markley						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: None	17. INFORMANT ADDRESS: William Goldsborough, Marydel, Md.						

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Aphyxiation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Fresh Water Drowning — minutes

DUE TO, OR AS A CONSEQUENCE OF (c): Inability To Swim — minutes

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. 12 P.M. 7/20/73	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.): Slipped from old boat into water
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Steel Pond (gravel Pit)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State: RFD Marydel / Maryland / Caroline

22a. I certify that I took charge of the remains described obave, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Harold B. Plummer M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED: 7/27/73

ADDRESS (Street, city, town, or county): Preston Caroline

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7-23-73	23c. NAME OF CEMETERY OR CREMATORY: Sharon Hills Cemetery	23d. LOCATION (City or Town) (County) (State): Dover Kent Del.	
24. FUNERAL DIRECTOR: John E Boulden	ADDRESS: Greensbjro, Md.	25a. REC'D BY REGISTRAR DATE: JUL 27 1973	25b. REGISTRAR'S SIGNATURE: Sidney H Norton	

VR A15ME (5) 8M-1/70

8/16/73 sy

1 - FOR STATE REGISTRAR — CERTIFICATE AMENDED

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO. 17594

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEASED NAME (TYPE OR PRINT) — FIRST: Charles — MIDDLE: H. — LAST: Milligan
2a. DATE OF DEATH — MONTH: 7 — DAY: 29 — YEAR: 73
2b. HOUR: M
3. SEX: Male
4. RACE: Col
5. DATE OF BIRTH — MONTH: 12 — DAY: 18 — YEAR: 13
6. AGE (IN YEARS LAST BIRTHDAY): 59 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Baltimore
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll Co Md
10. CITY OR TOWN OF DEATH: Marydel Md
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): son's home
12a. USUAL OCCUPATION (TYPE OF WORK DONE DURING MOST OF WORKING LIFE): Postoffice Garage
12b. KIND OF BUSINESS OR INDUSTRY:
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Maryland — 13b. COUNTY: A.A. — 13c. CITY OR TOWN: Glen Burnie — 13d. INSIDE CITY LIMITS? YES [ ] NO [X] — 13e. STREET ADDRESS: 403 Wellhaven
14. FATHER'S NAME — FIRST: Charles — MIDDLE: — LAST: Milligan
15. MOTHER'S MAIDEN NAME — FIRST: Gertrude — MIDDLE: — LAST: Bell
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) — (IF YES, GIVE WAR OR DATES):
16b. SOCIAL SECURITY NO.:
17. INFORMANT — ADDRESS: Doruce Milligan Wife

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO, OR AS A CONSEQUENCE OF (b): Carcinoma of Lung — 3 mo
DUE TO, OR AS A CONSEQUENCE OF (c):
1621 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 4/9/73
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Cancer of Left Lung
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ ] NO [ ]
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) [ ]
21b. TIME OF INJURY — HOUR A.M. P.M. — MONTH — DAY — YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION — STREET — CITY OR TOWN — COUNTY — STATE

22a. I certify that (I) (this hospital) attended the deceased from 4/3/73, 19__, to __, 19__, that (I) (we) last saw the deceased alive on 7/6/73 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did not) view the body after death.
22b. SIGNATURE: Elliott Nicholson — DEGREE: M.D. — ATTENDING PHYSICIAN [ ] MEDICAL DIRECTOR [X] STAFF PHYSICIAN [ ]
22c. DATE SIGNED: 7/31/73
22d. PHYSICIAN'S NAME (TYPE OR PRINT): Elliott Nicholson
22e. ADDRESS: 200 W Old Spring Lane Balto 21210

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: 8-2-73
23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill
23d. LOCATION — CITY OR TOWN: Gen — COUNTY: A.A. Co — STATE: Md
24. FUNERAL DIRECTOR — NAME: R. Sanders — ADDRESS: 217 E. Preston St.
25a. DATE RECD. BY REGISTRAR: AUG 3 1973
25b. REGISTRAR'S SIGNATURE: Irving Thurston

DHMH-16 60M 1 78
(VR A 15 (4))

Item#11 FilmG462 8/16/73 sy

DOCUMENTS ACCEPTED AS SUPPORTING EVIDENCE

1. A29 from f.h.	To change ~~place of death~~ from unk. to ~~son's home~~
2.	To change from to

Evidence returned. 19

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17595

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-2. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: John	Middle: (None)	Last: Ricks, Jr.,	2a. DATE KNOWN OF DEATH ESTIMATED ☒ Month Day Year: 7/7/73 19	2b. HOUR: 5:40 P M
3. SEX: Male	4. RACE: Black	5. DATE OF BIRTH: June 6,1946	6. AGE (In years last birthday): 27 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month Day Year: 7/7/73 19	2d. HOUR: 6P M
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Caroline Md.			
10. CITY OR TOWN OF DEATH: Federalsburg	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RT# 1, Box# 125	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laborer	12b. KIND OF BUSINESS OR INDUSTRY: Poultry			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	COUNTY: Caroline	13c. CITY OR TOWN: Federalsburg	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER: RT# 1, Box# 125		
14. FATHER'S NAME First: John	Middle: (None)	Last: Ricks.,Sr	15. MOTHER'S MAIDEN NAME First: Louise	Middle: Simmons(deceased)	Last:	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	If yes give war or dates of service: WWII	16b. SOCIAL SECURITY NO.: 213- 44-0782	17. INFORMANT: John Ricks, Sr(Father)	ADDRESS: Same as above		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Exsanguination Thoraci and Abdomi al — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes
965X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b): Puncture of chest and abdomen — seconds
DUE TO, OR AS A CONSEQUENCE OF (c): Bullets from 38 calibre Pistol — second
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☑ NO ☐	
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. 4:30 P.M. 7/7/73	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): altercation shot by Jes D Mc Clain	
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home of Freda Palmer	21f. LOCATION Street or R.F.D. No.: RFD 3 Bridges Road	City or Town: Federalsburg	County: Car	State

22a. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined manner ☐

ACTUAL SIGNATURE: Harold B. Plummer M.D.
EXAMINER'S NAME (Type): Harold B. Plummer, MD
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
22b. DATE SIGNED: 7/12/1973
ADDRESS(Street, city, town, or county): Maple Ave, Preston,Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: July 14,1973	23c. NAME OF CEMETERY OR CREMATORY: Federal Hill	23d. LOCATION (City or Town) (County) (State): Federalsburg, Caroline Md.	
24. FUNERAL DIRECTOR: Charles W.Hill, Gay St, Denton,Maryland	ADDRESS	25a. REC'D BY REGISTRAR DATE: JUL 20 1973	25b. REGISTRAR'S SIGNATURE: Sidney L. Norton	

DHMH-17 1/73 10M
(VR A1SME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

REG. NO. 17596

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. A copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST	JAMES RAYMOND SANDERS
2a. DATE OF DEATH MONTH / DAY / YEAR	7 / 2 / 73
2b. HOUR	2:10 AM
3. SEX	Male
4. RACE	Caucasian
5. DATE OF BIRTH MONTH / DAY / YEAR	2 / 7 / 91
6. AGE (IN YEARS LAST BIRTHDAY)	82 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS: HOURS / MIN	
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MD.
7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	
9. BALTIMORE CITY OR COUNTY OF DEATH	Caroline Co. Denton, MD.
10. CITY OR TOWN OF DEATH	Denton, Md.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Caroline Nursing Home, Inc.
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	FARMER
12b. KIND OF BUSINESS OR INDUSTRY	RETIRED
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
13a. STATE	Md.
13b. COUNTY	Caroline
13c. CITY OR TOWN	Preston
13d. INSIDE CITY LIMITS? YES ☐ NO ☐	
13e. STREET ADDRESS	
14. FATHER'S NAME FIRST / MIDDLE / LAST	JAMES
15. MOTHER'S MAIDEN NAME FIRST / MIDDLE / LAST	ALICE GAMBRILL
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)	No
16a. (IF YES, GIVE WAR OR DATES)	
16b. SOCIAL SECURITY NO.	220-34-9271
17. INFORMANT ADDRESS	J. WILLIAM SANDERS, RT. 2 PRESTON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic Cardiac Congestive Failure	2 mos
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerotic Cardiovascular Disease	15 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)	Generalized Arteriosclerosis	yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Multiple Cerebral Infarctions

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET / CITY OR TOWN / COUNTY / STATE

22a. I certify that (I) (this hospital) attended the deceased from 1950, 19__, to 7/2, 19 73, that (I) (~~saw~~) last saw the deceased alive on 6/30, 19 73, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~was called~~) (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐	22c. DATE SIGNED
Harold B. Plummer		
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	
Harold B. Plummer MD	P.O. Box #158 Preston, Maryland	

23a. BURIAL, ~~CREMATION, REMOVAL~~ (SPECIFY)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN / COUNTY / STATE	
BURIAL	JULY 4/73	CHOPTANK CEM.	CHOPTANK, CAROLINE CO.	MD.
24. FUNERAL DIRECTOR NAME / ADDRESS	TRAMPTOM FUNERAL HOME BOX 43 FEDERALSBURG, MD. 21632	25a. DATE REC'D. BY REGISTRAR	JUL 6 1973	25b. REGISTRAR'S SIGNATURE: Sidney M Thornton

DHMH-1660M 1/73
(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

REG. NO. 17597

1. DECEASED NAME (TYPE OR PRINT) FIRST: Edward	MIDDLE: F.	LAST: Sealman	2a. DATE OF DEATH MONTH DAY YEAR: July 25, 1973	2b. HOUR: 7:35 AM	M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH MONTH DAY YEAR: May 23, 1888	6. AGE (IN YEARS LAST BIRTHDAY): 85 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Virginia	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. BALTIMORE CITY OR COUNTY OF DEATH: Caroline County MD.		
10. CITY OR TOWN OF DEATH: Federalsburg,	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Carpenter	12b. KIND OF BUSINESS OR INDUSTRY: Retired	

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS
Md.	Caroline	Federalsburg	YES [ ] NO [X]	Smithville Road

14. FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAME FIRST	MIDDLE	LAST
John		Seelmann			Vondelair

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)	16a. (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Mrs. Martha Sealman	Federalsburg, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic Cardiac Decompensation	yrs
DUE TO, OR AS A CONSEQUENCE OF (b)	Metastatic Carcinomatosis	2 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)	Carcinoma of the prostate	yrs

185X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1a: Organic Brain Syndrome Chronic Obstructive Pulmonary Emphysema

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [X]	YES [ ] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET / CITY OR TOWN / COUNTY / STATE

22a. I certify that (I) (this hospital) attended the deceased from 12/17/72 to 7/25/73, that (I) (we) last saw the deceased alive on 7/9/73, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Harold B. Plummer	ATTENDING PHYSICIAN [ ] MEDICAL DIRECTOR [ ] STAFF PHYSICIAN [ ]	7/28/73

22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS
Harold B. Plummer M.D.	P O Box #158 Preston Caroline

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN / COUNTY / STATE
Burial	July 27	St. Pauls Cemetery	Hurlock Dorchester Md.

24. FUNERAL DIRECTOR NAME / ADDRESS	25a. DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Edna Williamson Federalsburg Md	AUG 1 1973	Sidney Hooton

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 24 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-1660M-1-73
(VR A 15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17598

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Elsie M. Smith			7-26-73	5 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Female	Negro	7-6-08	65 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Md.	U.S.A.		Caroline Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Ridgely	None	House work	None

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Caroline	Ridgely	YES ☐ NO ☒	None

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Thomas A. Smith			Julia Armstrong		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	219-07-5504A	William R. Johnson, Ridgely, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia
DUE TO, OR AS A CONSEQUENCE OF (b) Multiple myeloma
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. 203X
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Uncertain

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
None

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 7-11, 1973, to 7-25, 1973, that (I) (we) last saw the deceased alive on 7-25 1973, and that in my (our) opinian death occurred on the date and haur and from the causes stated abave. (I) (we) (did) (did not) view the bady after death. Body viewed by Dr. C. H. Stonesifer, Greensboro, Md.

22b. SIGNATURE	DEGREE	ATTENDING PHYS ☑	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Robert W. Trever, M.D.					7-27-73

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Robert W. Trever	Easton, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	7-30-73	LOCKERMAN CEMETERY	Ridgely, Caroline, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John E. Boulden	Greensboro, Md.	JUL 31 1973	Sidney L. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
45M - 1/69